

PRESCRIPTION MEDICATION AUTHORIZATION AND INSTRUCTIONS

No prescription medication can be given at school without written permission from the student's parent or legal guardian **and** written authorization from a physician or authorized provider.

All prescription medicines dispensed at St. Mary's Elementary School must be sent to school in the current, original, labeled container from the pharmacy or drugstore, and must be labeled with the child's name and proper dosage to be given. **All prescription medications need to be brought in by the parent and not the child.**

Please put it/them in a Ziplock bag with your child's name and dosage to be given clearly marked on this form.

PLEASE USE A SEPARATE MEDICATION FORM FOR EACH MEDICATION

Name of child _____ DOB _____

needs the following medication during school hours:

Name of Medication: _____

Dosage: _____

Given at (time(s): _____

For Treatment of : _____

Start Date: _____ End Date _____

Precautions to observe and report: _____

Prescribers Name: _____

Prescriber's Phone: _____

Prescriber's Signature _____ Date: _____

I request that the above medication be given at school as noted above.

Parent/Guardian Signature _____ Date _____